

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000780

FILED
Apr 28, 2006
Secretary of State

Entity Name: MOULTRIE DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 04-3587705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIRAGUSA, MICHAEL A
780 N. PONCE DE LEON BLVD.
C/O UPCHURCH BAILEY & UPCHURCH, P.A.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

SIRAGUSA, MICHAEL A
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STREAMSIDE INVESTMEN, TS, LLC
Address: 780 N. PONCE DE LEON BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: GALLAGHER & GALLAGHE, R, INC.
Address: 315 CORTEZ DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL SIRAGUSA, MGR OF STREAMSIDE INV

MGRM

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date